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Campaign Finance Appointment of Treasurer or Candidate Committee Form For Candidate For State Office

Governmental Ethics Commission 901 S. Kansas Avenue Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 ethics.kansas.gov

This is an (Check one)	~	Initial Appointment	Amended Statement
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Candidate Candidate Name: Bradley C Ralph

Address: 2009 FREDERICK DR

Address2:

City: DODGE CITY Zip: 67801-2916

Home Phone: (620) 338-1547 Business Phone: Cell Phone: (620) 338-1547

County: Ford Email Address: bcralph@swbell.net
Office Sought: State Representative District No.: 119

Treasurer Date Appointed: 06/01/2016

Treasurer Name: John Smithhisler

Address: 400 East Plaza

Address2:

City: DODGE CITY State: KS Zip: 67801

Home Telephone: Business Phone: Cell Phone: (620) 339-5342

Email Address: smithhislerj@gmail.com

Candidate Date Appointed:

Committee Chairperson's Name:

Address: Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address: Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: 7/8/2018 7:45:53 PM Signature of Candidate: Bradley C Ralph

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APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

OCT 1.3 2017

FOR CANDID	DATE FOR STATE OFFICE	001 0 -
		KRIS W. KOBACH
This is an (Check one)	Initial Appointment Amended State	SECRETARY OF STAT
Parameter 1	Please Type or Print)	
Name BRADLEY C, RA	LPH_	
Street 2009 FREDERICK (DRIVE	
City DODGE CITY Co	unty FORD Zip Code 67	801
Home Telephone 620 338 1547	Business Telephone 620 225	8)00
Office Sought REPRESENTATIN	/E District No. //	9
TREASURER		
Date Appointed (~ / - / 6		
Name JOHN SMITHHIS	LER	
Address 400 E. Plaza		
City DODGE CITY	Zip Code 67	801
Home Telephone 4 20 339 5342		8586
OR CANDIDATE COMMITTEE		
Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
SIGNATURE 'I declare that this statement has been exa orrect and complete. I understand that the lise document is a class A misdemeanor.'	e intentional failure to file this documen	
10-13-17		_
10-13-17 (Date)	(Signature of Cand	idate)
,		,
SEE REVERS	SE SIDE FOR INSTRUCTIONS	
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overnmental Ethics Commission		Rev.2000